



HEALTH USE ONLY:

DATE RCD _____

APP _____ DIS _____

INITIALS _____

Mecklenburg County Health Department
Pool Drain Safety Compliance Form

Facility Name _____ Pool ID# _____

Physical Address _____ City _____ Zip _____

All applicable sections of the form must be completed. Missing or incomplete data or information will result in a DISAPPROVAL of the submission.

1. Pump System Flow

Pump Manufacturer _____ Model # _____ HP _____

(Complete either A or B below, not both)

A. Maximum Pump Flow (manufacturer's specs) _____ gpm based on pump performance curve

B. Maximum Pumping System Flow is reduced to _____ gpm based on either (choose one only):

Measured Total Dynamic Head loss of _____ feet;

Calculated Total Dynamic Head loss of _____ feet;

Magnetic flow meter reading of _____ gpm;

Automatic flow limiting valve factory set at _____ gpm

Must provide supporting evidence for flow reduction

Note: If the pool has more than one type of pump, attach additional sheets with additional pump information.

2. Drain Sump Measurements

Sump size (inside dimensions): _____ Inches Diameter (if round) _____ inches by _____ inches (if rectangular)

Sump minimum depth _____ inches Diameter of suction outlet pipe to pump _____ inches

Distance of top (inside) of suction outlet pipe from bottom of cover/grate _____ inches

Note: SKIP this section if universal drain cover, approved for sumple pools, is installed.

3. Drain Cover/Equalizer Data

Number of main drains on same pumping system _____ Distance between drains (on centers) _____ inches ("NA" if single drain)

Drain cover manufacturer _____ Model # _____ Date Installed _____

Maximum flow rating of cover/grate _____ gpm (floor); _____ gpm (wall)

Number of operable skimmer equalizers _____ (each surface skimmer usually has ONE equalizer line)

Equalizer fitting manufacturer _____ Model # _____ Date Installed _____

Maximum flow rating _____ gpm Pool Exempt: Gutter ☐ Spray Pad ☐

Note: For multiple pumps with multiple drains on one pool, attach additional sheets for each. Ie. Pump #2, Pump #3, etc.

4. Suction Vacuum Relief System (SVRS) - If applicable, see instructions. Skip if drains are more than 3 ft apart.

SVRS manufacturer _____ Model # _____

Note: SVRS's are REQUIRED on all pool pumping systems with either a single main drain or where two or more drains are on the same pump and are less than 3 ft apart measuring from the center of the drain.

Name of person completing _____ Title _____

(PRINT)

Signature _____ Date _____

Oct 2014

Instructions for Completion and Submission of Pool Drain Safety Compliance Form

Please review the instructions below to ensure the required Pool Drain Safety Compliance (PDSC) form or its approved equivalent is properly completed and submitted - detailing all information requested. All submissions will be reviewed and approved/disapproved by the Health Department. Disapproved submissions will receive written notification of reason(s) for disapproval.

1. **EQUIVALENT FORM** – A document which contains the same information requested on the PDSC form and may, or may not, contain a Professional Engineer's (PE) or Architect's sign-off.
2. **WHEN/WHERE TO SUBMIT** – Updated or new data sheets should be submitted as soon as possible to ensure timely review. It is recommended they be submitted with the Permit Application. In order to receive an operating permit in 2015, all Mecklenburg Co. pools must successfully execute the permit application process and receive **approval** of their PDSC form. Submissions should be mailed to:

POOL PERMITTING UNIT
Mecklenburg County Health Dept.
700 N Tryon Street, Suite 208
Charlotte, NC 28202

3. **WHO CAN SUBMIT** – The owner, operator, or any person representing the owner.
4. **PUMP SYSTEM FLOW** – If estimating maximum flow from a manufacturer's pump performance curve, attach the pump curve or assure the pump is listed on the State's list of pump flow rates. Various pumps can be found listed at:
<http://ehs.ncpublichealth.com/faf/pti/drainsafety.htm>
5. **DRAIN SUMP MEASUREMENTS** – Measurements are needed to determine the size of the cover/grate and to assure the sump is deep and wide enough to meet the requirements in the cover/grate manufacturer's specifications. Information on documenting the size of the drain sump can be found at:
<http://ehs.ncpublichealth.com/faf/pti/drainsafety.htm>
6. **DRAIN COVER/EQUALIZER DATA** – For maximum flow of main drain covers or equalizer line covers, attach the manufacturer's specification sheet or assure the cover is listed on the State's list of approved covers found at:
<http://ehs.ncpublichealth.com/faf/pti/drainsafety.htm>
7. **SUCTION VACUUM RELIEF SYSTEMS** – Devices which are designed to interrupt pump flow if suction outlets are blocked. More information on SVRS's can be found on the U.S. Consumer Product Safety Commission (CPSC) website and the State of North Carolina Public Pool Program website at:
<http://www.poolsafely.gov/>
<http://ehs.ncpublichealth.com/faf/pti/pools.htm>
8. **FORM COMPLETION** – A separate PDSC form must be submitted for each individual pool at a facility including spas, wading pools, and other pools. Pools with single main drains which attained compliance with State rule changes made in 2009 are **not** exempt from compliance with these new standards.

The Health Department understands that the required information and/or measurements may be beyond the scope of owners or their authorized representatives (pool operators, etc.). In those cases, it is recommended that you contact a qualified engineer or pool professional to assist you in completing the form.

**More information about suction hazards and pool drain safety may be found on the
State of North Carolina Public Pool program website at:**

<http://ehs.ncpublichealth.com/faf/pti/drainsafety.htm>